

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FCO-875)							SERIAL NO. 10/518720	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2		1				52							
3		1				53							
4		1				54							
5		1				55							
6		1				56							
7		1				57							
8		1				58							
9		1				59							
10		1				60							
11		1				61							
12		1				62							
13		1				63							
14		1				64							
15		1				65							
16		1				66							
17		1				67							
18		1				68							
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43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1	↓		↓	↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	19	↔		↔	↔	TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS	20	[REDACTED]		[REDACTED]	[REDACTED]	TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	